OMB APPROVAL FORM D OMB Number:......3235-0076 UNITED STATES Expires: April 30, 2008 SECURITIES AND EXCHANGE COMMISSION Estimated average burden Washington, D.C. 20549 hours per form16.00 FORM D RECEIVED SEC USE ONLY NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. DEC 1 9 2007 **Prefix** SECTION 4(6), AND/OR ÚNIFORM LIMITED OFFERING EXEMPTION **DATE RECEIVED** 182 Name of Offering check if this is an amendment and name has changed, and indicate change.) Offering of limited partnership interests of Parmenides Master Fund, L.P. Filing Under (Check box(es) that apply): ☐ Rule 505 ☐ Rule 504 Rule 506 Section 4(6) □ ULOE Type of Filing: ■ New Filing ☑ Amendment A. BASIC IDENTIFICATION DATA Enter the information requested about the issuer check if this is an amendment and name has changed, and indicate change. Name of Issuer Parmenides Master Fund, L.P. Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) c/o Structured Servicing Transactions Group, L.L.C., 2215-B Renaissance Drive, Suite 5, Las Vegas, (702)740-4245 Nevada 89119 Telephone Number (Including CESSED Address of Principal Offices (Number and Street, City, State, Zip Code) (if different from Executive Offices)

Serial

DEC 28 2007

☐ Estimated

☐ other (please specify)

n

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Year

0

CN for Canada; FN for other foreign jurisdiction)

GENERAL INSTRUCTIONS

Brief Description of Business:

Type of Business Organization

corporation

business trust

Actual or Estimated Date of Incorporation or Organization:

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

Imited partnership, already formed

limited partnership, to be formed Month

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Private Investment Company

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service Abbreviation for State;

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

					
		A. BASIC II	DENTIFICATION DATA	A	
 Each beneficial own Each executive office 	ne issuer, if the iss ner having the pov cer and director of	suer has been organized wit wer to vote or dispose, or di			a class of equity securities of the issuer; rtnership issuers; and
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	☑ General and/or Managing Partner
Full Name (Last name first,	if individual):	Structured Servicing	Transactions Group, L.L.	<u></u>	
Business or Residence Add	ress (Number and	Street, City, State, Zip Coc	le): 2215-B Renaissan	ce Drive, Suite 5,	Las Vegas, Nevada 89119
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual):	Brownstein, Donald	l		
Business or Residence Add Renaissance Drive, Suite			ie): c/o Structured Ser	rvicing Transaction	ons Group, L.L.C., 2215-B
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual):	Mok, William			
Business or Residence Add Renaissance Drive, Suite			le): c/o Structured Ser	rvicing Transaction	ons Group, L.L.C., 2215-B
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☑ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual):	Russell, Christopher	,		
Business or Residence Addi Renaissance Drive, Suite 5			le): c/o Structured Ser	vicing Transaction	ons Group, L.L.C., 2215-B
Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, i	f individual):	Parmenides Fund, L.	P.		
Business or Residence Addr Renaissance Drive, Suite 5			le): c/o Structured Ser	vicing Transaction	ons Group, L.L.C., 2215-B
Check Box(es) that Apply:	Promoter	☑ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual):	Parmenides Offshore	Fund, Ltd.		
Business or Residence Addr	ess (Number and	Street, City, State, Zip Cod	de): c/o Walkers SPV L Cayman Islands	.lmited, P.O. Box	908GT, George Town, Grand Cayman
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, it	individual):			-	
Business or Residence Addr	ess (Number and	Street, City, State, Zip Cod	ie):		
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, it	individual):	<u></u>	,		
Business or Residence Addr	ess (Number and	Street, City, State, Zip Cod	ie):		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

Company of the second Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?..... ☐ Yes ☒ No Answer also in Appendix, Column 2, if filing under ULOE. What is the minimum investment that will be accepted from any individual?..... \$1,000,000* May be waived 3. Does the offering permit joint ownership of a single unit?..... ☑ Yes ☐ No Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)..... ☐ All States \square [AL] \square [AK] \square [AZ] \square [AR] \square [CA] \square [CO] \square [CT] \square [DE] \square [DC] \square [FL] \square [GA] \square [HI] \square [KS] \square [KY] \square [LA] \square [ME] \square [MD] \square [MA] \square [MI] \square [MN] \square [MS] \square [MO] [MT] □ [NE] □ [NV] \square [NM] \square [NY] \square [NC] \square [ND] \square [OH] \square [OK] \square [OR] \square [PA] [TX] [UI] [VA] [VA] [WA] [WV] [WI] [WY] [PR] Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)..... ☐ All States □ [IN] □ [IA] \square (KS) \square (KY) \square (LA) \square (ME) \square (MD) \square (MA) \square (MI) \square (MN) \square (MS) \square (MO) \square [NC] \square [ND] \square [OH] \square [OK] \square [OR] \square [PA] \square (SC) \square (SD) \square (TN) \square (TX) \square (UT) \square (VT) \square (VA) \square (WA) \square (WV) \square (WI) \square (WY) \square (PR) Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)..... ☐ All States \square (AL) \square (AZ) \square (AZ) \square (CA) \square (CO) \square (CT) \square (DE) \square (DC) \square (FL) \square (GA) \square (HI) \square (KS) \square (KY) \square (LA) \square (ME) \square (MD) \square (MA) \square (MI) \square (MN) \square (MS) \square (MO) [AI] \square [NH] \square [NJ] \square [NM] \square [NY] \square [NC] \square [ND] \square [OH] \square [OK] \square [OA] \square [PA] □ [RI] \square [SC] \square [SD] \square [TN] \square [TX] \square [UT] \square [VT] \square [VA] \square [WA] \square [WV] \square [WI] \square [WY] \square [PR]

B. INFORMATION ABOUT OFFERING

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

1.5

C. OFFERING PRICE NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security	c	Aggregate Offering Price		Amount Already Sold
	Debt	\$		\$	
	Equity	\$		\$	
	☐ Common ☐ Preferred				
	Convertible Securities (including warrants)	\$		\$	
	Partnership Interests	\$	900,000,000	\$	804,198,781
	Other (Specify)			\$	
	Total	\$	900,000,000	\$	804,198,781
	Answer also in Appendix, Column 3, if filing under ULOE				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
			Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors		2	\$	804,198,781
	Non-accredited Investors		_	\$	
	Total (for filings under Rule 504 only)			\$	
	Answer also in Appendix, Column 4, if filing under ULOE				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.				
	Type of Offering		Types of Security		Dollar Amount Sold
	Rule 505		Coomy	\$	33.3
	Regulation A		<u> </u>	<u> </u>	
	Rule 504			<u> </u>	
	Total			s	
١.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			<u> </u>	
	Transfer Agent's Fees		. 🗆	\$	
	Printing and Engraving Costs		. 🗆	\$	
	Legal Fees	••••	. 🛮	<u>\$</u>	56,664
	Accounting Fees		. 🗖	\$	
	Engineering Fees		. 🗅	\$	
	Sales Commissions (specify finders' fees separately)	************	. 🗖	\$	
	Other Expenses (identify)		. 🗖	\$	
	Total		. 🛛	\$	56,664

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	Enter the difference between the aggregate offering Question 1 and total expenses furnished in response to F adjusted gross proceeds to the issuer."	Part C-Question 4.a. This different	ence is the	,	<u>\$</u>	499,943,336
l	ndicate below the amount of the adjusted gross proceed used for each of the purposes shown. If the amount for a setimate and check the box to the left of the estimate. The adjusted gross proceeds to the issuer set forth in response	any purpose is not known, furnisi he total of the payments listed m	n an ust equal	Payments to Officers, Directors & Affiliates		Payments to Others
	Salaries and fees			<u>\$</u>	🗆	\$
	Purchase of real estate			\$	🗆	<u>\$</u>
	Purchase, rental or leasing and installation of ma	chinery and equipment		\$	□	\$
	Construction or leasing of plant buildings and faci	ilities		<u>\$</u>	□	\$
	Acquisition of other businesses (including the value offering that may be used in exchange for the ass pursuant to a merger	sets or securities of another issu	er 🔲	\$		<u>\$</u>
	Repayment of indebtedness			\$	🗆	<u>\$</u>
	Working capital			\$		\$ 499,943,336
	Other (specify):			\$	□	\$
				\$	0	\$
	Column Totals			\$		\$ 499,943,336
	Total payments Listed (column totals added)			X	\$ 499,9	43,336
		ार अ च्छानुर्स ाहाद्यग्रस्	REX :			
cons	issuer has duly caused this notice to be signed by the ustitutes an undertaking by the issuer to furnish to the U.S ne issuer to any non-accredited investor pursuant to para	Securities and Exchange Com	on. If this mission, u	notice is filed under pon written request	Rule 505, the of its staff, the	e following signature information furnished
	er (Print or Type)	Signature		7	Date	
Parm	enides Master Fund, L.P.	1/1-			*	er 19, 2007
	ne of Signer (Print or Type) Istopher Russell	Title of Signer (Print or Type) General Partner, by Upper S Russell, COO	by Stru had Asso	ctured Servicing To clates, LLC, its Ma	ransactions (naging Memi	Group, L.L.C., ber, by Christopher

ATTENTION

		ALE STATESIGNATURE EN TE	
1.	Is any party described in 17 CFR 230 262 pre		☐ Yes ☑ No
	See	Appendix, Column 5, for state response.	
2.	The undersigned issuer hereby undertakes to (17 CFR 239.500) at such times as required by	furnish to any state administrator of any state in which state law.	ch this notice is filed a notice on Form D
3.	The undersigned issuer hereby undertakes to	furnish to the state administrators, upon written requ	est, information furnished by the issuer to offerees.
4.	The undersigned issuer represents that the is Exemption (ULOE) of the state in which this n of establishing that these conditions have bee	suer is familiar with the conditions that must be satist office is filed and understands that the issuer claiming on satisfied.	fied to be entitled to the Uniform limited Offering g the availability of this exemption has the burden
	ssuer has read this notification and knows the con rized person.	tents to be true and has duly caused this notice to be	signed on its behalf by the undersigned duly
Issue	r (Print or Type)	Signature	Date
Parmen	ides Master Fund, L.P.	/ / will	December 19, 2007
	e of Signer (Print or Type)	Title of Signer (Print or Type) by Structure	d Servicing Transactions Group, L.L.C.,
	topher Russell	General Partner, by Upper Shad Associate	s, LLC, its Managing Member, by Christopher
		Russell, COO	

Instruction

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

No. of the last			· · · · · · · · · · · · · · · · · · ·	AP	PENDIX	Mary Comment			
1	:	2	3			4		5	
	Intend to non-ad investors (Part B -	in State	Type of security and aggregate offering price offered in state (Part C – Item 1)		Type of investor and amount purchased in State (Part C - Item 2)				
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK				-					
AZ									
AR'									
CA					,				
СО				·					
СТ			·						
DE									
DC									
FL									
GA									
ні									
ID							N-10-		
IL								<u> </u>	
IN									
IA				·,				<u> </u>	<u></u>
KS								<u> </u>	
KY									
LA									
ME									
MD									
MA									
MI									
MN							·		
мѕ]								
мо									
МТ	. 1			· · · · ·					
NE									
NV		х	\$900,000,000	1	\$357,045,501	0	\$0	<u> </u>	х
NH				-W-F-					
NJ									
NM									

A. T. S.			The state of the s	АР	PENDIX			7.14.	\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.
1 2 3				<u>.</u> .		4		5	
	to non-a	to sell ccredited s in State - Item 1)	Type of security and aggregate offering price offered in state (Part C – Item 1)		Type of investor and Amount purchased in State (Part C – Item 2)				
State	Yes	No	Number of Limited Partnership Accredited Investors Amount Investors Amount				Yes	No	
NY									
NC									
ND									
ОН				 ·					
ок				· · · · · · · · · · · · · · · · · · ·					
OR									
PA									
RI									
sc									
SD	·								
TN									
ΤX									
UT									
VT									
VA									
WA									
wv									
WI									
WY									
Non		х	\$900,000,000	1	\$447,153,280	0	\$0		х

